

# Recognize, Respond, REACT

There is HOPE.

Ask for HELP.

Choose LIFE.

## Suicide Prevention Education and Action



# Learning Objectives

- Participants will be introduced to the prevalence and significance of suicide.
- Participants will learn recognition of risk factors for suicide and a gatekeeper (recognition and response) model of intervention.
- Participants will understand best practices in interacting with at-risk youth.
- Participants will become acquainted with tools and resources in efforts of adolescent suicide prevention



# Scope of the Problem

- Ranks as the 10<sup>th</sup> leading cause of death in the United States.
- In 2017 47,173 individuals who died by suicide in the United States
- Averages out to 1 person every 11.1 minutes (1 male every 14.3 minutes; 1 female every 50.6 minutes).
- Nationally 14.5 people per 100,000
- In WV 21.6 people per 100,000 (393 Deaths)
- WV ranked 7<sup>th</sup> in the US in suicide rate in 2017.

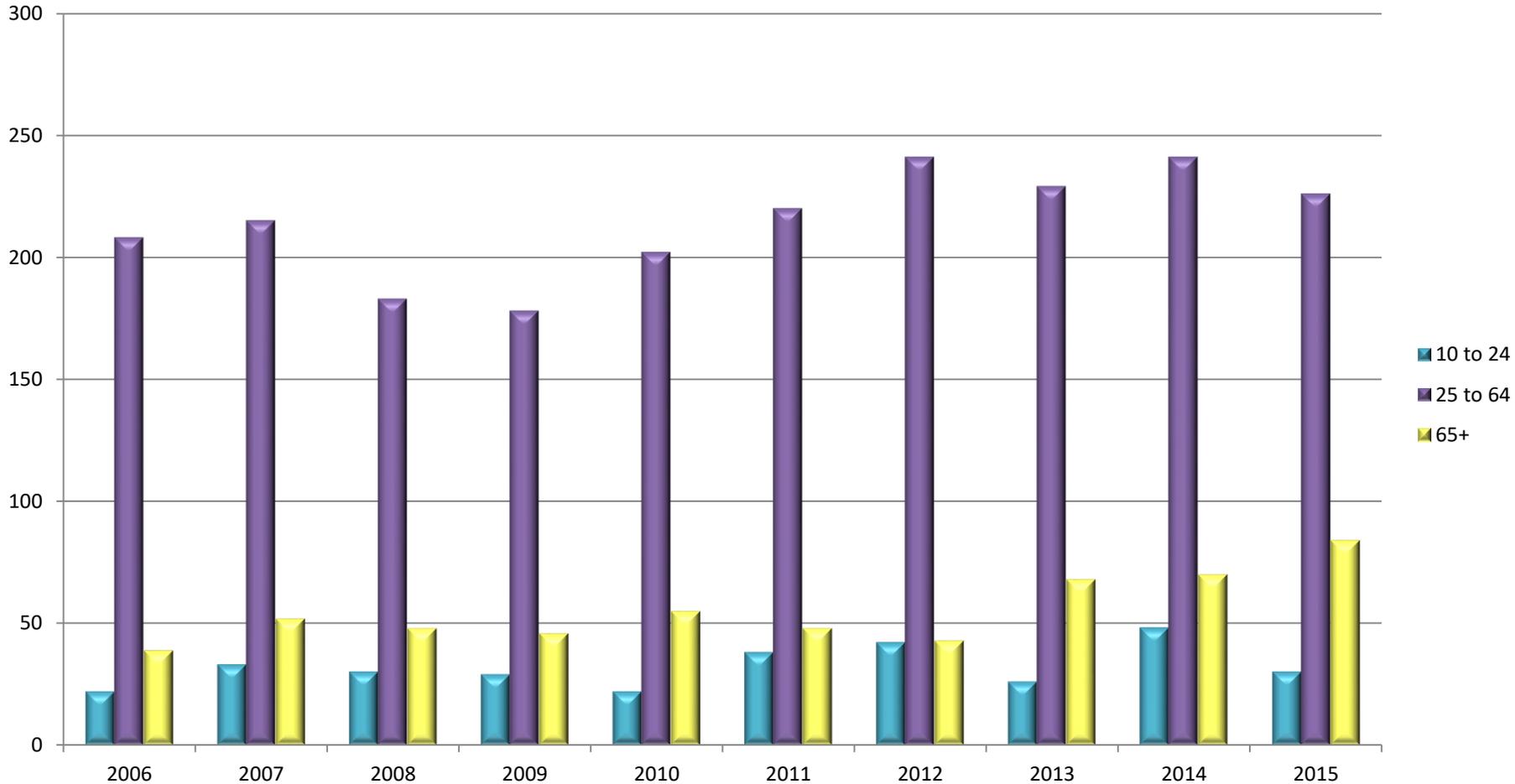


# Scope of the Problem Among Adolescents

- Ranks as the 2<sup>nd</sup> leading cause of death in the United States among adolescents.
- In 2017 6,252 adolescents who died by suicide in the United States
- Averages out to 1 young person every 1 hour and 24 minutes.
- Nationally 14.5 adolescents per 100,000



# Suicide Deaths by Age Group



# SUICIDE

- **Suicide:** Death caused by self-directed injurious behavior with any intent to die as a result of the behavior (2012 NSSP)
- **Suicide Attempt:** A nonfatal, self directed, potentially injurious behavior with an intent to die as a result of the behavior. A suicide attempt may or may not result in injury. (2012 NSSP)



# Risk Groups

- Males
- Adolescents
- Seniors
- Veterans
- Individuals with MH/SA issues
- Incarcerated individuals
- LGBTQ
- People Who Self Injure
- American Indians
- Native Alaskans
- Survivors of Suicide Loss
- Survivors of Suicide Attempts



# SUICIDE Affects?

EVERYONE

*No one is immune to the risk of suicide*

wealth, education, intact family, popularity  
cannot protect us from this risk



# Suicide BELIEFS?

Confronting a person about suicide will only make them angry and increase the risk of suicide.

Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.



# Suicide BELIEFS?

Those who talk about suicide don't do it.

People who talk about suicide may try, or even complete, an act of self-destruction.



# Suicide BELIEFS?

If a suicidal youth tells a friend, the friend will access help.

Most young people do not tell an adult.



# RECOGNIZE

- 80% of people thinking about suicide communicate their intentions:
  - Behaviorally
  - Verbally
- The more clues and signs observed, the greater the risk.

Take all signs seriously



# RECOGNIZE

- Actions
  - Situations
    - Words
      - Emotions



# RECOGNIZE

## *Actions-* What you might see

- Mood swings or outbursts more than usual
- Decline in school performance
- Inability to engage in relationships
- **Poor concentration**
- Truancy
- Writing or drawing about death
- Substance use
- Irritability; agitation; argumentativeness
- Withdrawal
- Recklessness
- Suspiciousness, paranoia
- Talk of/attempts at running away
- Social **isolation**, quitting activities
- Increased sensitivity to rejection or failure



# RECOGNIZE

## *Situations-* What they might be going through

- Rejection by a loved one
- Unexpected loss of freedom
- Loss of achievement
- Death of a loved one
- Family Dysfunction
- Expelled
- Peer relationship
- Bullying
- Teenage brain
- Puberty/Hormones
- Struggling with sexual identity



# RECOGNIZE

## *Words-* What they may be saying

- “I give up, I’m tired, I just do this anymore.”
- “The world would be better off without me.”
- “This is my only way out.”
- “I just want to die.”
- “I won’t be around much longer.”
- “No one would notice if I were gone.”



# RECOGNIZE

## *Emotions-* How they may be feeling

- Sad
- Ashamed
- Angry
- Worthless
- Hopeless
- Helpless
- Purposeless
- Lonely
- Desperate
- Guilt



# RECOGNIZE

## DANGEROUS CLUES

- Prior suicide attempt
- **Behavioral health concerns**
- Contagion
- Family history of suicide
- Accessibility to lethal means
- **History of trauma/abuse**
- **Lack of social support**
- Stigma associated with seeking help
- Giving away prized possessions



# Shared Risk Factors for TBI and Suicide

- Age
- Male
- Substance use
- Psychiatric disorders
- Aggressive behavior



# Sustaining a TBI

- Loss of support system
- Loss of job / income
- Increased psychological stress
- Change of roles within the family unit
- Decreased ability to function



# Limited Problem-Solving Strategies

- Cognitive deficits
- Poor judgment
- Impulsivity
- Poor decision-making ability
- Organically-based mood lability



# RESPOND

- ASK Directly
  - Say the word **SUICIDE**
- There is no foolproof way of knowing the intentions of the individual you are concerned about
  - **ASK THE QUESTION....**

*Talking about suicide does not create or increase risk.*



# RESPOND with Respect

- Don't wait to ask the question
- Be persistent
- Allow the person to talk freely
- Listen and don't show shock or disapproval
- Show that you care, it is more important than saying "the right thing."
- Avoid trying to explain away the feelings...(saying things like "you have a lot to live for" or "you are just confused right now")



# RESPOND

- “I know people who have been in a similar situation, and they have thought about suicide. Is that something that you are thinking about?”
- “Are you thinking about suicide?”
- “It sounds like you are going through a really difficult time. Are you thinking of killing yourself?”



# REACT

- **R**estriction of Means
- **E**mergency Contacts
- **A**ccess to Resources
- **C**reate a Safety Plan
- **T**reatment Referral



# Restriction of Means

- Reduce access to dangerous substances
  - Firearms
  - Medications
  - Alcohol



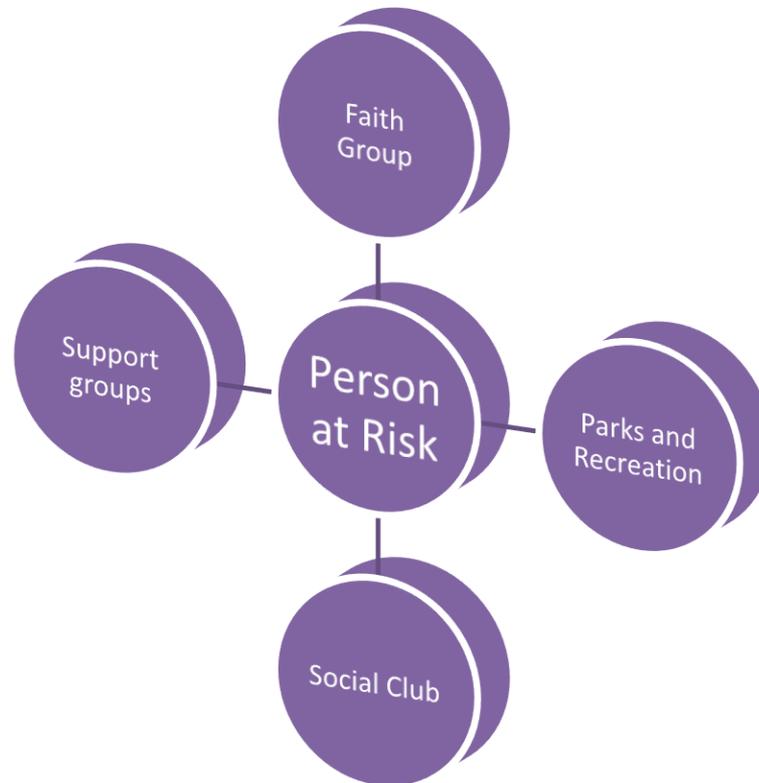
# Emergency Contacts

- Identify family or friends that the individual may feel comfortable talking to
- You will need enough contacts to get a person through 24 hours
- You should also always add
  - National Suicide Prevention Lifeline
  - Help4WV (844-435-7498)



# Access to Resources

- Be aware of the resources in your community
- Link to resources



# Resources

- [Preventsuicidewv.org](http://Preventsuicidewv.org)
- [suicidology.org](http://suicidology.org)
- [Afsp.org](http://Afsp.org)
- [Spanusa.org](http://Spanusa.org)
- [Zerosuicide.org](http://Zerosuicide.org)
- [Actionallianceforsuicideprevention.org](http://Actionallianceforsuicideprevention.org)
- [Jasonfoundation.org](http://Jasonfoundation.org)
- [Jedfoundation.org](http://Jedfoundation.org)
- [Mantherapy.org](http://Mantherapy.org)
- [Sprc.org](http://Sprc.org)
- [Thetrevorproject.org](http://Thetrevorproject.org)
- [Samhsa.gov](http://Samhsa.gov)
- [Help4wv.com](http://Help4wv.com)



# Create a Safety Plan

- Recognize warning signs
- Use your own coping strategies
- Socialize with others who may offer support as well as distraction from the crisis
- Contact family members or friends who may help to resolve the crisis
- Contact mental health professionals/agencies
- Ensure your environment is safe



# Treatment / Referral

- If possible stay with the individual until they can get help
- Guide them to the most appropriate intervention



# Protective Factors

- Social/Family Support
- Occupational Satisfaction
- Perceived School Connectedness
- Cultural/Religious belief that condemns suicide
- Effective Clinical Care
- Problem Solving Skills
- Less access to Lethal Methods
- Academic Achievement
- Self-esteem



# National Suicide Prevention Lifeline

1-800-2173-TALK (8255)

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

Text Line... 741 741



# Regional Youth Intervention Specialists

Region 1  
Austin Richardson  
304-559-7121  
arrichardson@ysswv.com

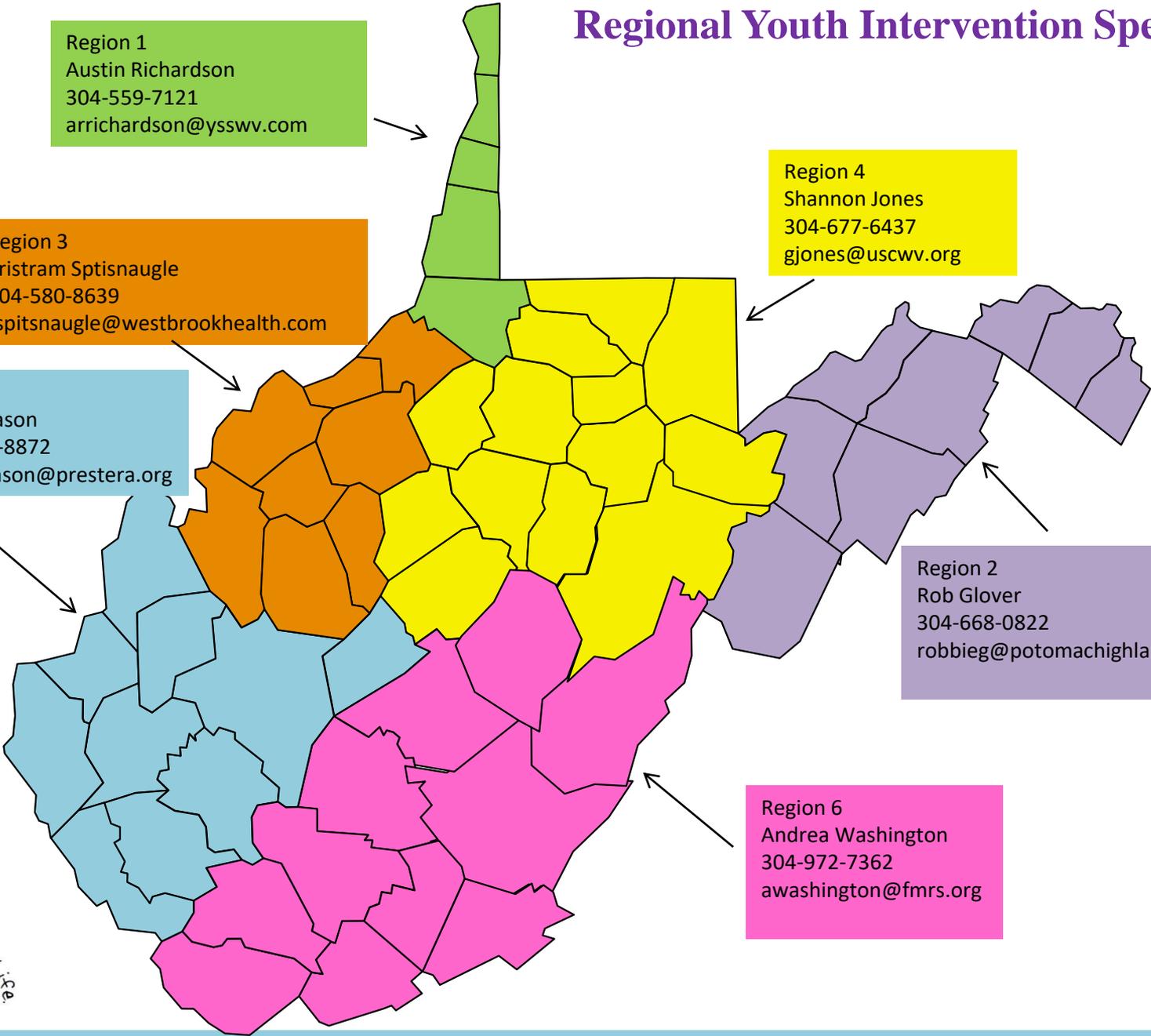
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# HOPE.HELP.LIFE.

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